MARION BARRY YOUTH LEADERSHIP INSTITUTE



RETURNING PARTICIPANT APPLICATION

Applicants for the Marion Barry Youth Leadership Institute (MBYLI) must be residents of the District of Columbia and 14 to 19 years of age. For information about MBYLI, please call (202) 698-3492.

PERSONAL INFORMATION (Please print or type)

Name					
Name(Last)		(First)		(Middle)	
Home Address					
					Apt. #
(City)	•	State)		(Zip Code) W	ard
cial Security Number		Email Address			
Birth date	Age	Gender	(Mala)	(5	
Telephone No. ()				(Female)	
(H	ome)			(Cell)	
Parent/Guardian Name				_ Relationship	
Telephone No. ()		()		
(Home)			(Cell)	
Address					
(City)	(\$	State)		(Zip Code)	
Name of School				Gra	ade
In case of emergency, whom should we	contact?				
ame			Relationship		
Address			Telephon	e No. ()	
(City)			(State)		(Zip Code)

Marion Barry Youth Leadership Institute

PERSONAL STATEMENTS: There are no right or wrong responses, so feel free to answer ope Each of your statements should be at least four sentences. You may attach additional sheets, if need	
What are your reasons for re-applying to MBYLI?	
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How has MBYLI affected your life?	
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How did MBYLI help you in accomplishing your goals?	
When did you participate in MBYLI? Summer 20 Fall 20	
2. How many MBYLI activities have you participated in from October 2015 to the present?	
If none, please explain:	
3. Please check your T-shirt size (one size only)	
Medium Large XX-Large XXX-Large	
Applicant Signature Parent/Guardian Signature	Date

NOTE: To be considered an applicant for MBYLI, youth must apply to the Mayor Marion S. Barry Summer Youth Employment Program. To apply, please go to summerjobs.dc.gov. For additional information about MBSYEP, please call (202) 698-3492.

DEADLINE FOR SUBMISSION OF THIS APPLICATION IS FRIDAY, APRIL 15, 2016.

This completed application must be received in the Office of Youth Programs by the deadline date. The Office of Youth Programs is located at 4058 Minnesota Avenue, NE, Washington, DC 20019.



